



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Ethiopia

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **6/14/2012**

Deadline for submission: 5/22/2012

Please submit the APR **2011** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: 2011

Requesting for support year: 2013

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: N/A
HSS	No	next tranche of HSS Grant N/A
CSO Type A	Yes	Not applicable N/A
CSO Type B	Yes	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available [here](#).

2. Signatures

2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

By signing this page, the Government of **Ethiopia** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Ethiopia**

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr Tedros Adhanom	Name	Mr Sufian Ahmed
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Dr Assesfu Lemlem	WHO EPI Officer	+251911240097	asseful@et.afro.who.int
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2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
Dr Kesteberhan Admasu/ State Minister of Health	FMOH		
Ms Roman Tesfaye/Policy Plan and Finance Directorate Director	FMOH		

Dr Nighist Tesfaye, Urban Health Promotion and Disease Prevention Directorate Director/ National Program Coordinator – Maternal, Newborn, Child & Adolescent Health	FMOH		
Ms. Miheret Hiluf, Agrarian Health Promotion and Disease Prevention Directorate Director	FMOH		
Mrs Meseret Yetube, Pastoralist Health Promotion and Disease Prevention Directorate Director	FMOH		
Dr. Fatoumata Nafo Traorè, WHO Representative	WHO Ethiopia		
Mr. Ted Chaiban, UNICEF Representative	UNICEF Ethiopia		
Dr. Filimona Bisrat, Director	CCRDA/CORE Group		
Ato Nahusenay Areaya	ROTARY		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

Ethiopia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Name/Title	Agency/Organization	Signature	Date
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2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (or equivalent committees)- , endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organization	Signature	Date
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Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	3,010,715	2,980,890	3,085,983	3,085,983	3,163,133	3,163,133	3,242,211	3,242,211	3,323,266	3,323,266
Total infants' deaths	241,119	165,605	247,147	247,147	253,326	253,326	259,659	259,659	266,150	266,150
Total surviving infants	2769596	2,815,285	2,838,836	2,838,836	2,909,807	2,909,807	2,982,552	2,982,552	3,057,116	3,057,116
Total pregnant women	3,010,715	2,980,890	3,085,983	3,085,983	3,163,133	3,163,133	3,242,211	3,242,211	3,323,266	3,323,266
Number of infants vaccinated (to be vaccinated) with BCG	2,799,965	1,580,286	2,993,404	2,993,404	3,131,502	3,131,502	3,209,789	3,209,789	3,290,034	3,290,034
BCG coverage	93 %	53 %	97 %	97 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	2,437,244	848,444	2,611,729	2,611,729	2,764,316	2,764,316	2,863,250	2,863,250	2,934,831	2,934,831
OPV3 coverage	88 %	30 %	92 %	92 %	95 %	95 %	96 %	96 %	96 %	96 %
Number of infants vaccinated (to be vaccinated) with DTP1	2,575,724	2,411,517	2,753,671	2,753,671	2,880,708	2,880,708	2,952,726	2,952,726	3,026,545	3,026,545
Number of infants vaccinated (to be vaccinated) with DTP3	2,437,244	2,414,129	2,611,729	2,611,729	2,764,316	2,764,316	2,863,250	2,863,250	2,934,831	2,934,831
DTP3 coverage	83 %	86 %	90 %	92 %	95 %	95 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	2,510,571	2,411,517	2,674,155	2,674,155	2,880,708	2,880,708	2,952,726	2,952,726	3,026,545	3,026,545
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	2,291,378	2,414,129	2,552,195	2,552,195	2,764,316	2,764,316	2,863,250	2,863,250	2,934,831	2,934,831
DTP-HepB-Hib coverage	83 %	86 %	90 %	90 %	95 %	95 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	1,329,406		2,674,155	2,674,155	2,880,708	2,880,708	2,952,726	2,952,726	3,026,545	
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)	1,232,470		2,552,195	2,552,195	2,764,316	2,764,316	2,863,250	2,863,250	2,934,831	
Pneumococcal (PCV10) coverage	44 %	0 %	90 %	90 %	95 %	95 %	96 %	96 %	96 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	10	5	10	5	10	5	10	5	10	

Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.05	1.11	1.05	1.11	1.05	1.11	1.05	1.11	1
Maximum wastage rate value for Pneumococcal(PCV10), 2 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus			2,065,253		2,880,708	2,880,708	2,952,726	2,952,726	3,026,545	3,026,545
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus			1,958,797		2,764,316	2,764,316	2,863,250	2,863,250	2,934,831	2,934,831
Rotavirus coverage		0 %	69 %	0 %	95 %	95 %	96 %	96 %	96 %	96 %
Wastage[1] rate in base-year and planned thereafter (%)			5	5	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1	1	1	1	1	1
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	2,271,069	2,281,718	2,441,399	2,441,399	2,589,727	2,589,727	2,684,297	2,684,297	2,751,404	2,751,404
Measles coverage	82 %	81 %	86 %	86 %	89 %	89 %	90 %	90 %	90 %	90 %
Pregnant women vaccinated with TT+	2,559,108	37,817	2,684,805	2,684,805	2,846,820	2,846,820	2,917,990	2,917,990	2,990,940	2,990,940
TT+ coverage	85 %	1 %	87 %	87 %	90 %	90 %	90 %	90 %	90 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0		0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	2,271,069	N/A	2,441,399	2,441,399	2,589,727	2,589,727	2,684,297	2,684,297	2,751,404	2,751,404
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	0 %	5 %	5 %	4 %	4 %	3 %	3 %	3 %	3 %

*

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

Few districts were created in 2011 after the official Census was conducted in 2007 and hence making it difficult to get actual target populations from those districts. Usually these districts are not known in the official census and yet can affect the accuracy of the denominator. Updated information on the target population has been provided from the Regional Health Bureaus; discussions are ongoing with the FMOH to harmonize the denominators. The denominators will be updated once an agreement is reached with the FMOH.

- Justification for any changes in **surviving infants**

Same as above

- Justification for any changes in **targets by vaccine**

The current target populations are in line with the update dcomprehensive multiyear plan for 2011-2015

- Justification for any changes in **wastage by vaccine**

No change

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

-The total number of children reached with 3doses of pentavalent vaccine (Penta 3) increased from 2,320,177 in 2010 to2,414,129 in 2011, although the percent coverage stagnated at 86%.

Key major activities implemented include:

- National Woreda based planning was conducted with the FMOH and Regional Health Bureau taking the lead and the plans are being implemented. The plans are integrated and cover EPI plan.
- Capacity building activities were conducted for routine EPI in selected zones and include: RED microplanning, IIP, DQS, vaccine and cold chain management trainings.
- Enhanced routine immunization activities were conducted in the 4 pastoralist regions as well as zones in other regions with large numbers of unimmunized children.
- Advocacy activities were conducted for EPI including implementation of the 1st African Vaccination Week (AVW). The focus of the AVW was on strengthening the cold chain system.
- Validation for maternal and neonatal tetanus elimination (MNTE) was done, excluding Somali region. Partial validation status was achieved.-

- Pneumococcal conjugate vaccine (PCV 10) was introduced nationally. Preparatory activities included: training of health workers and all health extension workers, advocacy and social mobilization, cold chain assessments and preparations, monitoring and evaluation.
- Preparations for Rotavirus vaccine introduction were initiated with re-establishment of the New Vaccines Introduction Task Force.
- Integrated measles and polio campaigns were conducted targeting children 9-47 months and 0-59 months for measles and polio respectively in 4 regions. In addition, measles SIAs targeting children 9 months to 15 years in 160 woredas that were affected by drought were conducted, and reached 7,034,264 (96%) children. 2 rounds of Polio SIAs were conducted in 26 high risk zones along the borders targeting 3.6 million children.

Challenges faced:

- High turnover of staff at all levels
- Sub optimal vaccine stock management and recording at operational level
- Cold chain management – irregular maintenance of refrigerators and interruptions in kerosene supply in some regions
- Data quality issues: reports of inaccuracy of the denominators, late reporting from regions and sub regions
- Competing priorities at all levels

Addressing the challenges

- Regular trainings were conducted for operational level workers – DQS, IIP and vaccine management
- Continued advocacy with regions for timely submission of data
- Advocacy for sustainable financing of the cold chain was done. Co financing with regions and the FMOH was initiated for kerosene supply

Additional cold rooms were installed in 2 remote zones – Keffa (SNNPR) and Gode (Somali) to improve access to vaccine supply

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

The Penta 3 coverage for 2011 was 86% which is less by 3% compared to the milestone indicated in the cMYP for 2011. The emerging of new districts whose population figures are not yet known will have an impact on the denominator and thus on the coverage.

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

What action have you taken to achieve this goal?

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

There is a coverage discrepancy between the administrative report by the FMOH and the Ethiopian DHS of 2010. The Penta 3 coverage by administrative coverage is 86% and 36.1% by EDHS.

An immunization coverage survey is on going and may assist to verify the administrative report.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

The national Demographic and Health Survey was conducted in 2010

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

- Data Quality Self Assessment (DQS) training is being given routinely at regional level. The high trained staff turnover is a challenge but as an option repeated trainings are being given on DQS, RED micro planning and IIP training.
- Efforts were made to obtain accurate denominators from the Central Statistics Authority.
- The FMOH is working to institute electronic data reporting in all regions.
- The FMOH continues to advocate with regions to submit timely data monthly to the center.
- EPI and surveillance reviews are made in an integrated manner by all regions
- National EPI coverage survey implementation is going on

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

In close collaboration with the Policy, Finance and Plan Directorate of the FMOH, concerted efforts will be made to get more accurate population data. The recent decision made by the Ministry of Health to get EPI report on monthly basis will help take timely and appropriate interventions. This will allow timely feedback to be provided on performance

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 17.2	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding					
		Country	GAVI	UNICEF	WHO	CHAI	
Traditional Vaccines*	3,548,159	2,121,635	0	1,426,524			

New and underused Vaccines**	63,935,900	2,153,200	61,782,700					
Injection supplies (both AD syringes and syringes other than ADs)	1,785,596	99,296	1,686,300					
Cold Chain equipment	0							
Personnel	1,979,779		1,849,819			129,960		
Other routine recurrent costs	4,175,158			3,344,303	830,855			
Other Capital Costs	0							
Campaigns costs	6,450,770	963,500		2,143,531	3,343,739			
Total Expenditures for Immunisation	81,875,362							
Total Government Health		5,337,631	65,318,819	6,914,358	4,174,594	129,960		

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

ISS funds have not been received since 2009 due to pending submission of external audit report.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Government funding is allocated for BCG, OPV, and 50% of measles vaccine.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	4,622,683	4,847,501
New and underused Vaccines**	119,609,138	119,304,519
Injection supplies (both AD syringes and syringes other than ADs)	1,983,941	2,081,219
Injection supply with syringes other than ADs		
Cold Chain equipment	3,731,700	15,552,300
Personnel	8,958,975	9,139,566
Other routine recurrent costs		
Supplemental Immunisation Activities	17,537,195	745,140
Total Expenditures for Immunisation	156,443,632	151,670,245

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012? If not, please explain the reasons

for the shortfall and which expenditure categories will be affected.

GAVI ISS funds are still pending an external audit report

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

As above, external audit has been recommended and will be followed up.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

If none has been implemented, briefly state below why those requirements and conditions were not met.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **4**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

Finalization of the external audit remains as a concern and priority to ensure ISS financial support to Ethiopia. This needs close follow up. OPV and BCG coverage are not captured in the new HMIS indicators. The coverage figures in table four shows under reporting for BCG and OPV the reason is that some regions are not reporting on BCG and OPV.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
CCRD/CORE Group

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Main objectives:

- To increase access and equity to immunization services to 92% nationally and 80% of districts to achieve to achieve at least 80% DPT-HepB-Hib3 by the end of 2012
- To eradicate polio, eliminate Maternal Neonatal Elimination tetanus in Somali Region by 2012 and achieve measles pre elimination status by 2012

- To ensure data quality
- To introduce Rota virus vaccine nationwide by 2012
- To get reliable denominators in all areas

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD Syringes	Government
Measles	AD Syringes	Government
TT	AD Syringes	Government
DTP-containing vaccine	AD Syringes	GAVI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

No. It is already in place and being practiced.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

In hospitals and health centers sharps wastes are disposed using incinerators while in health posts disposal is by burning and burying.

6. Immunisation Services Support (ISS)

Ethiopia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	411911	4936100
Total funds available in 2011 (C=A+B)	411911	4936100
Total Expenditures in 2011 (D)	134970	1617410
Total Expenditures in 2012 (D)	276941	3318690

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

GAVI ISS funds are used for strengthening routine immunization activities that are proposed by ICC. The budget is then approved by the state minister of health. The state minister writes letter to the finance directorate to disburse to the regions as per the ICC proposed break down and the fund are transferred to regions from the finance directorate through the bank.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Funds are transferred through government bank and deposited in to the government bank account of the sub-national bureaus of health.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

Operational costs for supervision for regional case teams, transportation of supervisors and vaccines, for cold room rents.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number 13) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 19).

6.3. Request for ISS reward

Request for ISS reward achievement in Ethiopia is not applicable for 2011

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		8,400,100	0
Pneumococcal (PCV10)		5,226,000	307,600
Rotavirus			

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

No problem were encountered. However, the PCV uptake or utilization is very high and the remaining PCV doses available are not enough to cover for the 3rd quarter of 2012. As a result the 3rd shipment that was scheduled for July 2012 is re-scheduled to be delivered in last week of June. Thus the remaining PCV doses for 2012 will not be enough to cover for the rest of the year and additional 1.6 million doses of PCV will be required.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

PCV July shipment is reschedule to come on last week of June due to the high uptake of PCV in Ethiopia.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

No stock outs were reported in Ethiopia for the new vaccines

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

NA

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	PCV10	
Phased introduction	No	
Nationwide introduction	Yes	16/10/2011
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	There was delay in PCV introduction by a few months due to delayed national ethical approval process to conduct a phase 4 study that was mandatory for PCV 10 introduction, as recommended by WHO.

7.2.2. When is the Post introduction evaluation (PIE) planned? **October 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20)

NA

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

Is the country sharing its vaccine safety data with other countries? **No**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	881500	15070035
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	881500	15070035
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	881500	15,070,035

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

There was delayed arrival of the PCV vaccine introduction grant. The fund was received in the Federal Ministry of Health Finance in December 2011. The available funding was used to conduct new vaccine introduction review meetings at zonal, regional and national levels in 2012 where 264,214 USD or 4,516, 983 birr was expended for the above activities.

Please describe any problem encountered and solutions in the implementation of the planned activities

The delayed availability of funds was addressed by local resource mobilization to support the introduction activities.

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

The funds will be used to support routine EPI such as post introduction supportive supervision and cold chain management activities.

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

Co-Financed Payments	Q.1: What were the actual co-financed amounts and doses in 2011?	
	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2,153,200	307,600

1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL		
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Government and MDG Pooled fund	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	March	Government and MDG pooled fund
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	March	Government and MDG pooled fund
1st Awarded Vaccine Rotavirus, 1 dose(s) per vial, ORAL	February	Government and MDG pooled fund
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

NA

Is GAVI's new vaccine support reported on the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2009**

Please attach:

- EVM assessment (**Document No 15**)
- Improvement plan after EVM (**Document No 16**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Poor documentation and monitoring of vaccine stock	Reinitiating stock management using SMT at regional	SMT training to subnational cold chain expts and
In adequate knowledge of HWS on vaccine mgt	Provide vaccine managment training to HWS	vaccine managment trainig given to EPI mangers
Shortage of vaccine stock ledger books	print and distirbute vaccine ledger books	vaccine ledger books printed and distirbuted
lack of knowledge on vaccine storage and transport	print and distirbute Job aids on VVM, MDOVP	Job aids printed and distirbuted
cold rooms with poor temprature monitoring tools	equipe all cold rooms with Temprature tracer	not implemented

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

NAP

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Ethiopia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Ethiopia does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Ethiopia is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		500,000\$		2,000,000\$	
			<=	>	<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %						
DTP-HepB-Hib	HEPBHIB				15.00 %	3.50 %		
Measles	MEASLES	10.00 %						
Meningococcal	MENINACONJUGATE		15.00 %	10.00 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %						
Pneumococcal (PCV13)	PNEUMO	6.00 %						
Rotavirus	ROTA	5.00 %						
Yellow Fever	YF		20.00 %				10.00 %	5.00 %

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	2,815,285	2,838,836	2,909,807	2,982,552	3,057,116	14,603,596
	Number of children to be vaccinated with the first dose	Table 4	#	2,411,517	2,674,155	2,880,708	2,952,726	3,026,545	13,945,651
	Number of children to be vaccinated with the third dose	Table 4	#	2,414,129	2,552,195	2,764,316	2,863,250	2,934,831	13,528,721
	Immunisation coverage with the third dose	Table 4	%	85.75 %	89.90 %	95.00 %	96.00 %	96.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	2,000,000					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		3.50 %	3.50 %	3.50 %	3.50 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Low
--------------------	-----

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing		0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2012	2013	2014	2015
Number of vaccine doses	#	6,043,300	8,352,000	8,447,300	8,632,900
Number of AD syringes	#	9,134,600	9,773,400	9,895,600	10,143,000
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	101,400	108,500	109,850	112,600
Total value to be co-financed	\$	14,116,000	17,936,500	17,870,500	17,791,000

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

2012	2013	2014	2015
------	------	------	------

Number of vaccine doses	#	587,200	885,000	910,600	958,900
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	\$	1,326,500	1,847,500	1,872,000	1,918,500

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 1)

	Formula	2011	2012		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	8.86 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	2,411,517	2,674,155	236,822	2,437,333
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	B X C	7,234,551	8,022,465	710,466	7,311,999
E Estimated vaccine wastage factor	Table 4	1	1		
F Number of doses needed including wastage	D X E	7,596,279	8,423,589	745,989	7,677,600
G Vaccines buffer stock	(F – F of previous year) * 0.25		206,828	18,317	188,511
H Stock on 1 January 2012	Table 7.11.1	2,000,000			
I Total vaccine doses needed	F + G – H		6,630,417	587,187	6,043,230
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		9,134,516	0	9,134,516
L Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		101,394	0	101,394
N Cost of vaccines needed	I x vaccine price per dose (g)		14,467,570	1,281,241	13,186,329
O Cost of AD syringes needed	K x AD syringe price per unit (ca)		424,755	0	424,755
P Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q Cost of safety boxes needed	M x safety box price per unit (cs)		589	0	589
R Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		506,365	44,844	461,521
S Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		42,535	0	42,535
T Total fund needed	(N+O+P+Q+R+S)		15,441,814	1,326,084	14,115,730
U Total country co-financing	I x country co-financing per dose (cc)		1,326,084		
V Country co-financing % of GAVI supported proportion	U / (N + R)		8.86 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 2)

	Formula	2013			2014		
		Total	Government	GAVI	Total	Government	GAVI
A Country co-finance	V	9.58 %			9.73 %		

B	Number of children to be vaccinated with the first dose	Table 5.2.1	2,880,708	275,984	2,604,724	2,952,726	287,299	2,665,427
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	8,642,124	827,951	7,814,173	8,858,178	861,897	7,996,281
E	Estimated vaccine wastage factor	Table 4	1			1		
F	Number of doses needed including wastage	$D \times E$	9,074,231	869,349	8,204,882	9,301,087	904,992	8,396,095
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	162,661	15,584	147,077	56,714	5,519	51,195
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	9,236,892	884,932	8,351,960	9,357,801	910,510	8,447,291
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	9,773,312	0	9,773,312	9,895,531	0	9,895,531
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	108,484	0	108,484	109,841	0	109,841
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	18,630,812	1,784,908	16,845,904	18,584,593	1,808,272	16,776,321
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	18,630,812	0	454,460	18,584,593	0	460,143
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	630	0	630	638	0	638
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	652,079	62,472	589,607	650,461	63,290	587,171
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	45,509	0	45,509	46,079	0	46,079
T	Total fund needed	$(N+O+P+Q+R+S)$	19,783,490	1,847,379	17,936,111	19,741,914	1,871,561	17,870,353
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,847,379			1,871,561		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.58 %			9.73 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 3)

	Formula	2015		
		Total	Government	GAVI
A	V	10.00 %		
B	Table 5.2.1	3,026,545	302,556	2,723,989
C	Vaccine parameter (schedule)	3		
D	$B \times C$	9,079,635	907,667	8,171,968
E	Table 4	1		
F	$D \times E$	9,533,617	953,050	8,580,567
G	$(F - F \text{ of previous year}) \times 0.25$	58,133	5,812	52,321
H	Table 7.11.1			
I	$F + G - H$	9,591,750	958,861	8,632,889
J	Vaccine Parameter	1		
K	$(D + G - H) \times 1.11$	10,142,923	0	10,142,923

	wastage) needed				
L	Reconstitution syringes (+ 10% wastage) needed	$I / J * 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$	112,587	0	112,587
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	18,540,853	1,853,479	16,687,374
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	471,646	0	471,646
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	654	0	654
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	648,930	64,872	584,058
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	47,230	0	47,230
T	Total fund needed	$(N+O+P+Q+R+S)$	19,709,313	1,918,350	17,790,963
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,918,350		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	10.00 %		

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID	Source		2011	2012	2013	2014	TOTAL	
	Number of surviving infants	Table 4	#	2,815,285	2,838,836	2,909,807	2,982,552	11,546,480
	Number of children to be vaccinated with the first dose	Table 4	#	0	2,674,155	2,880,708	2,952,726	8,507,589
	Number of children to be vaccinated with the third dose	Table 4	#	0	2,552,195	2,764,316	2,863,250	8,179,761
	Immunisation coverage with the third dose	Table 4	%	0.00 %	89.90 %	95.00 %	96.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	80,000				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Low
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	2011	2012	2013	2014
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2012	2013	2014
Number of vaccine doses	#	9,869,800	8,724,500	8,838,700
Number of AD syringes	#	11,242,500	9,773,400	9,895,600
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	124,800	108,500	109,850
Total value to be co-financed	\$	36,156,500	31,952,500	32,370,500

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

2012	2013	2014
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Number of vaccine doses	#	579,800	512,500	519,200
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by country	\$	2,090,000	1,847,500	1,872,000

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID** (part 1)

	Formula	2011	2012		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	5.55 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	0	2,674,155	148,359	2,525,796
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B \times C$	0	8,022,465	445,075	7,577,390
E Estimated vaccine wastage factor	Table 4	1	1		
F Number of doses needed including wastage	$D \times E$	0	8,423,589	467,329	7,956,260
G Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		2,105,898	116,833	1,989,065
H Stock on 1 January 2012	Table 7.11.1	80,000			
I Total vaccine doses needed	$F + G - H$		10,449,487	579,723	9,869,764
J Number of doses per vial	Vaccine Parameter		2		
K Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		11,242,483	0	11,242,483
L Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		124,792	0	124,792
N Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		36,573,205	2,029,028	34,544,177
O Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		522,776	0	522,776
P Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		724	0	724
R Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		1,097,197	60,871	1,036,326
S Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		52,350	0	52,350
T Total fund needed	$(N+O+P+Q+R+S)$		38,246,252	2,089,898	36,156,354
U Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		2,089,898		
V Country co-financing % of GAVI supported proportion	$U / (N + R)$		5.55 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID** (part 2)

	Formula	2013			2014		
		Total	Government	GAVI	Total	Government	GAVI
A Country co-finance	V	5.55 %			5.55 %		

B	Number of children to be vaccinated with the first dose	Table 5.2.1	2,880,708	159,818	2,720,890	2,952,726	163,813	2,788,913
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	8,642,124	479,453	8,162,671	8,858,178	491,439	8,366,739
E	Estimated vaccine wastage factor	Table 4	1			1		
F	Number of doses needed including wastage	$D \times E$	9,074,231	503,425	8,570,806	9,301,087	516,011	8,785,076
G	Vaccines buffer stock	$(F - F \text{ of previous year}) * 0.25$	162,661	9,025	153,636	56,714	3,147	53,567
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	9,236,892	512,450	8,724,442	9,357,801	519,157	8,838,644
J	Number of doses per vial	Vaccine Parameter	2			2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) * 1.11$	9,773,312	0	9,773,312	9,895,531	0	9,895,531
L	Reconstitution syringes (+ 10% wastage) needed	$I / J * 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$	108,484	0	108,484	109,841	0	109,841
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	32,329,122	1,793,572	30,535,550	32,752,304	1,817,050	30,935,254
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	32,329,122	0	454,460	32,752,304	0	460,143
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	630	0	630	638	0	638
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	969,874	53,808	916,066	982,570	54,512	928,058
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	45,509	0	45,509	46,079	0	46,079
T	Total fund needed	$(N+O+P+Q+R+S)$	33,799,595	1,847,380	31,952,215	34,241,734	1,871,561	32,370,173
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,847,379			1,871,561		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.55 %			5.55 %		

Table 7.11.4: Calculation of requirements for (part 3)

	Formula
A	Country co-finance
B	Number of children to be vaccinated with the first dose
C	Number of doses per child
D	Number of doses needed
E	Estimated vaccine wastage factor
F	Number of doses needed including wastage
G	Vaccines buffer stock
H	Stock on 1 January 2012
I	Total vaccine doses needed
J	Number of doses per vial
K	Number of AD syringes (+ 10%

	wastage) needed	
L	Reconstitution syringes (+ 10% wastage) needed	$I / J * 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	2,815,285	2,838,836	2,909,807	2,982,552	3,057,116	14,603,596
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	2,880,708	2,952,726	3,026,545	8,859,979
	Number of children to be vaccinated with the second dose	Table 4	#	0	0	2,764,316	2,863,250	2,934,831	8,562,397
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	95.00 %	96.00 %	96.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.00	1.00	1.00	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.55	2.55	2.55	2.55	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		0.00 %	5.00 %	5.00 %	5.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing		0.20	0.20	0.20	0.20
Recommended co-financing as per Proposal 2011			0.20	0.20	0.20
Your co-financing		0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2012	2013	2014	2015
Number of vaccine doses	#	0	6,663,900	5,497,700	5,635,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	79,950	65,975	67,600
Total value to be co-financed	\$	0	17,843,000	14,720,500	15,088,500

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

2012	2013	2014	2015
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Number of vaccine doses	#	0	538,000	443,900	455,000
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	\$	0	1,440,500	1,188,500	1,218,000

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

	Formula	2011	2012		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	0.00 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	0	0	0	0
C Number of doses per child	Vaccine parameter (schedule)	2	2		
D Number of doses needed	B X C	0	0	0	0
E Estimated vaccine wastage factor	Table 4	1	1		
F Number of doses needed including wastage	D X E	0	0	0	0
G Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H Stock on 1 January 2012	Table 7.11.1	0			
I Total vaccine doses needed	F + G – H		0	0	0
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		0	0	0
L Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		0	0	0
N Cost of vaccines needed	I x vaccine price per dose (g)		0	0	0
O Cost of AD syringes needed	K x AD syringe price per unit (ca)		0	0	0
P Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q Cost of safety boxes needed	M x safety box price per unit (cs)		0	0	0
R Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		0	0	0
S Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T Total fund needed	(N+O+P+Q+R+S)		0	0	0
U Total country co-financing	I x country co-financing per dose (cc)		0		
V Country co-financing % of GAVI supported proportion	U / (N + R)		0.00 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

	Formula	2013			2014		
		Total	Government	GAVI	Total	Government	GAVI
A Country co-finance	V	7.47 %			7.47 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	2,880,708	215,179	2,665,529	2,952,726	220,559	2,732,167

C	Number of doses per child	Vaccine parameter (schedule)	2			2		
D	Number of doses needed	$B \times C$	5,761,416	430,358	5,331,058	5,905,452	441,118	5,464,334
E	Estimated vaccine wastage factor	Table 4	1			1		
F	Number of doses needed including wastage	$D \times E$	5,761,416	430,358	5,331,058	5,905,452	441,118	5,464,334
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,440,354	107,590	1,332,764	36,009	2,690	33,319
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	7,201,770	537,948	6,663,822	5,941,461	443,807	5,497,654
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	79,940	0	79,940	65,951	0	65,951
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	18,364,514	1,371,766	16,992,748	15,150,726	1,131,708	14,019,018
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	18,364,514	0	0	15,150,726	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	464	0	464	383	0	383
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	918,226	68,589	849,637	757,537	56,586	700,951
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	47	0	47	39	0	39
T	Total fund needed	$(N+O+P+Q+R+S)$	19,283,251	1,440,354	17,842,897	15,908,685	1,188,293	14,720,392
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,440,354			1,188,293		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	7.47 %			7.47 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)

	Formula	2015		
		Total	Government	GAVI
A	Country co-finance	V	7.47 %	
B	Number of children to be vaccinated with the first dose	Table 5.2.1	3,026,545	226,073
C	Number of doses per child	Vaccine parameter (schedule)	2	
D	Number of doses needed	$B \times C$	6,053,090	452,145
E	Estimated vaccine wastage factor	Table 4	1	
F	Number of doses needed including wastage	$D \times E$	6,053,090	452,145
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	36,910	2,758
H	Stock on 1 January 2012	Table 7.11.1		
I	Total vaccine doses needed	$F + G - H$	6,090,000	454,902
J	Number of doses per vial	Vaccine Parameter	1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0
L	Reconstitution syringes (+ 10%	$I / J \times 1.11$	0	0

	wastage) needed				
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 * 1.11$	67,599	0	67,599
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	15,529,500	1,160,000	14,369,500
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	393	0	393
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	776,475	58,000	718,475
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	40	0	40
T	Total fund needed	$(N+O+P+Q+R+S)$	16,306,408	1,218,000	15,088,408
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,218,000		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	7.47 %		

8. Injection Safety Support (INS)

Ethiopia is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Ethiopia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support 1

Please list any abbreviations and acronyms that are used in this report below:

10.1.1. Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation.

Please describe the mapping exercises, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document number**)

If the funds in its totality or partially utilized please explain the rationale and how it relates to objectives stated in the original approved proposal.

If there is still remaining balance of CSO type A funds in country, please describe how the funds will be utilised and contribute to immunisation objectives and outcomes as indicated in the original proposal.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

10.1.2. Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

Please provide the list of CSOs, name of the representatives to HSCC or ICC and their contact information

Full name	Position	Telephone	Email

10.1.3. Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2011

	Amount US\$	Amount local currency

Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

Is GAVI's CSO Type A support reported on the national health sector budget? **Not selected**

10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support¹

Please list any abbreviations and acronyms that are used in this report below:

10.2.1. Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number and names of CSOs involved, and the initial number and names of CSOs).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 10.2.1a: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2011	Outcomes achieved
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Please list the CSOs that have not yet been funded, but are due to receive support in 2011/2012, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 10.2.1b: Planned activities and expected outcomes for 2011/2012

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2011/2012	Expected outcomes
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10.2.2. Future of CSO involvement to health systems, health sector planning and immunisation

Please describe CSO involvement to future health systems planning and implementation as well as CSO involvement to immunisation related activities. Provide rationale and summary of plans of CSO engagement to such processes including funding options and figures if available.

If the country is planning for HSFP, please describe CSO engagement to the process.

10.2.3. Please provide names, representatives and contact information of the CSOs involved to the implementation.

10.2.4. Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2011 year

	Amount US\$	Amount local currency
Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

Is GAVI's CSO Type B support reported on the national health sector budget? **Not selected**

Briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

Detailed expenditure of CSO Type B funds during the 2011 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2011 calendar year (**Document Number**). Financial statements should be signed by the principal officer in charge of the management of CSO type B funds.

Has an external audit been conducted? **Not selected**

External audit reports for CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number) .

10.2.5. Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 10.2.5: Progress of CSOs project implementation

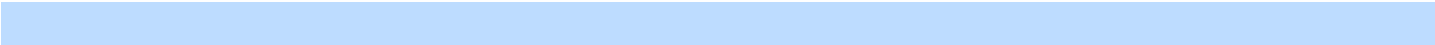
Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

Planned activities :

Please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523


* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	MOFED-FMOH signature .pdf File desc: File description... Date/time: 6/14/2012 2:50:31 AM Size: 1507646
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	MOFED-FMOH signature .pdf File desc: File description... Date/time: 6/14/2012 2:53:25 AM Size: 1507646
3	Signatures of members of ICC	2.2	✓	ICC Signature GAVI APR 2011.pdf File desc: File description... Date/time: 6/14/2012 2:08:43 AM Size: 753837
5	Minutes of ICC meetings in 2011	2.2	✓	ICC Minutes of ICC-2011.doc File desc: File description... Date/time: 6/11/2012 2:29:29 PM Size: 82944
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Mintues ICC 2012 06 13-Final.doc File desc: File description... Date/time: 6/14/2012 9:46:12 AM Size: 51712
10	new cMYP APR 2011	7.7	✓	Ethiopia cMYP Final_Apr5_2012.doc File desc: File description... Date/time: 6/11/2012 8:35:58 PM Size: 3033088
11	new cMYP costing tool APR 2011	7.8	✓	cMYP_Costing_Tool_Vs(1).2.4_Ethiopia_15May2011 (version 1).xls File desc: File description... Date/time: 6/12/2012 12:59:59 AM Size: 3406336
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Financial statment GAVI ISS APR 2011.pdf File desc: File description... Date/time: 6/11/2012 8:31:24 PM Size: 1347817
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	New vaccine financial statment 2011.pdf File desc: File description... Date/time: 6/12/2012 4:36:07 AM Size: 470392
15	EVSM/VMA/EVM report APR 2011	7.5	✓	VMA final report.doc File desc: File description... Date/time: 6/12/2012 1:17:29 AM

				Size: 2466304
16	EVSM/VMA/EVM improvement plan APR 2011	7.5		Logistics Action Plan for Rota vaccine Introduction.doc File desc: File description... Date/time: 6/12/2012 1:17:29 AM Size: 161792